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ABSTRACT

Observation of the treatment process and outcomes research may interfere with self-gratifications and may shatter illusions about a therapist's omnipotence. Consequently, research and evaluation must be understood to threaten, inherently, personal need gratification of therapists. The author discusses several reality-based therapist objections to research and evaluation: (1) evaluation (and the observation it entails) constitutes an affront to professional status; (2) therapists are sometimes ignorant of psychotherapy process and outcome research, and frequently believe that it has contributed little to advances in treatment processes; and (3) participation in research has no immediate or long-term payoff for many psychotherapists. The author concludes that for research or systematic evaluation to be actively supported by practicing therapists, it must arise from, yet bear upon, their work. (Author/PC)

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NEUROTIC AND ENVIRONMENTAL SOURCES OF PSYCHOTHERAPIST RESISTANCE TO EVALUATION

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A phenomenon, or so says my fattest dictionary, is a "fact or occurrence the cause of which is in question". Aversion, says the same dictionary, is a "mental attitude of opposition, or repugnance; antipathy". A mental attitude, since it can't be observed, isn't a phenomenon. In this case, aversion is a frustration-laden term leveled by researchers and administrations at psychotherapists who don't participate freely or regularly in programs of research and evaluation. To define a phenomenon, it is most productive or useful to describe not only the behaviors, but the conditions under which they occur. In short, our question should be under what conditions will psychotherapists participate regularly and systematically in programs of research and evaluation.

Before proceeding to describe these conditions, it must be understood that psychotherapy is a neurotogenic occupation. While privacy guarantees the psychological sanctuary which is essential for free client communication, it also permits the sort of personal gratification described some years ago by Bugental (Bugental, 1964). That is, insulated from reality, the counselor or therapist is free to indulge in gratification of needs for (1) love, affection or intimacy; (2) his own personal growth; (3) learning about psychodynamics of others; (4) vicarious living; (5) rebelliousness in the form of overt and covert attacks upon society and its institutions; and (6) phantasies

about the particular power of his love or competence to effect client movement.

Observation of the treatment process and outcomes research may interfere with these self-gratifications and, in particular, shatter illusions about therapist omnipotence. Consequently, research and evaluation must be understood to inherently threaten personal need gratification of therapists. The degree of this threat is probably in direct proportion to the extent to which gratifications are neurotic. In this context, therapist self-gratification is seen as neurotic to the extent that it is not related to immediate or long-range client objectives.

Reality-Based Therapist Objections

There are several reality-based therapist objections to research and evaluation: (1) evaluation (and the observation it entails) constitutes an affront to professional status. (2) Therapists are sometimes ignorant of psychotherapy process and outcomes research and frequently believe that it has contributed little to advances in treatment processes. (3) Participation in research has no immediate or long-term payoff for many psychotherapists. Usually, research and evaluation projects are done "on them" and not with them. Let me elaborate on each of these points.

More specifically, evaluation constitutes an affront to therapist status because of the bureaucratic arrangements of professional organizations and the training programs they support. Generally, organizations are arranged in pyramidal fashion with a flow of directions, criticisms, etc. downward and information and feedback upward. Of particular interest is the fact that evaluation is characteristically done more to people at the bottom than to people at the top. Practicum students, for example, are the object of one hour of observation for each hour of client contact at the outset of training; interns receive one or two hours of direct supervision for twenty client contacts. Professionals (post-doctoral) typically get no supervision and only sporadic and limited consultation concerning their work. This may result, by the way, in atrophy of therapist competencies and provide

reality basis for therapist fear of evaluation. However, the main point I wish to assert is that seniority and status is based in part upon differential immunity from evaluation. This derives naturally, I suppose, from our three-stage hierarchical professional training programs in which status is determined by who observes who.

Ignorance of the role of research in the evolution of contemporary approaches to psychotherapy is a source, I believe, of the conviction of some professionals that research contributes little to effective practice. Based on this conviction may be an attitude of indifference, or perhaps resistance, to systematic evaluation as well as to research. This attitude is reinforced by therapist value systems which assert that direct experiencing is the royal road to actualization while concern with data is the royal road to neurosis. I believe that many psychotherapists simply do not recognize that they can be consistently deluded by experience, that what is observed proximally may not be observed distally -- in short, that there is a need for verification of direct experience by rigorous data gathering and data analysis.

Participation in research and evaluation projects has little or no payoff for therapists. In return for participation in research they are usually promised a reprint. This is small reward and rarely are promised reprints delivered anyway. And, it is in fact true that what is ground out for publication often has very little bearing upon

the questions which might be raised by or about the work of a particular therapist. For research or systematic evaluation to be actively supported by practicing therapists, it must arise from and bear upon their work. Superficially, but only superficially, this brings us full circle -- I believe that in many cases, active participation will come where applied research in professional settings is allowed to arise or emerge from those settings.

Conclusion

To create and maintain the sort of professional environment which fosters active involvement of a maximum number of staff, there must first be an initiative from the top. This initiative involves a demonstration of the willingness of administrators to submit their own owrk to review by colleagues. It involves expression by these people of a spirit of inquiry, discovery and a willingness to learn and grow. It requires that they be conversant about the work that has gone before (e.g. published research). It requires that they be committed to a model of the therapist who is not so much a scientist-practitioner as what C. Thoreson called a disciplined-romantic several years ago (Thorenson, 1969).

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